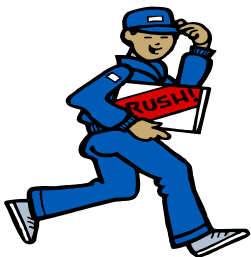




ENCOUNTER KEYS

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CMS NPI Resources

CMS has developed a Training package on NPI that will assist providers with self-education, as well as education of staff. This package is also useful to national and local medical societies for group presentations and training. The entire package will consist of five modules: General Information, Electronic File Interchange (EFI), Subparts, Data Dissemination and Medicare Implementation. Each Module consists of a PowerPoint presentation (with speaker's notes) and is designed to stand alone or can be combined with other Modules for a training session tailored to the particular audience. **Modules are posted to the CMS NPI web page as completed.**

"To view the Modules, visit

http://www.cms.hhs.gov/NationalProvIdentStand/04_education.asp#TopOfPage on the CMS NPI web page and find the "NPI Training Package" under the "Downloads".

As always, more information and education on the NPI can be found at the CMS NPI page www.cms.hhs.gov/NationalProvIdentStand on the CMS website. Providers can apply for an NPI online at <https://nppes.cms.hhs.gov> or can call the NPI enumerator to request a paper application at 1-800-465-3203.



NPI Edit Codes

New NPI edit codes are now in the AHCCCS system; however you will only see edits if you submit an NPI, during the optional period, now through May 22, 2007. The full implementation/compliance date of processing on or after May 23, 2007 requires NPI's on Encounters for those providers required to possess an NPI.

Edit Code	Edit Description	Form Type
F005	Facility NPI Is Invalid	A
F015	Facility NPI Multiple Matches Identified	A
H030	Referring Provider NPI Is Invalid	A, B, D
H040	Referring Provider NPI Multiple Matches Identified	A, B, D
U006	Attending Provider NPI Is Missing Or Invalid	B
U007	Attending Provider NPI Multiple Matches Identified	B
Z125	Service Provider NPI Field Is Missing Or Invalid	A, B, C, D
Z126	Detail Service Provider NPI Field Is Missing Or Invalid	A, D
Z175	Service Provider NPI Not On File	A, B, C, D
Z176	Detail Service Provider NPI Not On File	A, D
Z230	Service Provider NPI Multiple Matches Identified	A, B, C, D
Z231	Detail Service Provider NPI Multiple Matches Identified	A, D
Z235	Prescribing Provider NPI Is Missing Or Invalid	C
Z245	Prescribing Provider NPI Multiple Matches Identified	C

Form Types Include: A=1500; B=UB's; C= Pharmacy and D=Dental

Provider ID and Procedure Replacements

- Effective with the implementation of NPI, AHCCCS has revised it's policy regarding the systematically replacement of provider identification numbers on encounters. Previously, old provider identification numbers were replaced on encounters by the provider's new identification numbers as indicated by their enrollment status. However, this will no longer be the case.
- Effective August 29, 2006, AHCCCS has revised its policy regarding the systematic replacement of procedure codes on encounters. The coverage code 08 (Covered Service/Code Replaced) will be disabled for procedure codes for any future use. Previously, procedures were replaced by the new procedure as indicated by this coverage type. Providers and plans who are already using appropriate codes will not have any additional pend errors.

Therapeutic Classes

Effective with dates of service on or after January 1, 2006 the following Therapeutic Classes have been added to AHCCCS covered Medicare Part D drugs.

480800 - Antitussives

280892 - Analgesics and Antipyretics, Misc

881600 - Vitamin D

Modifier(s)

- Effective with each codes begin date, the following codes can now report the modifier SL (State Supplied Vaccine).

90718 (Tetanus and Diphtheria Toxoids (Td) absorbed for use in individuals 7 years or older, for intramuscular use)

90721 (Diphtheria, tetanus toxoids, and acellular pertussis vaccine and hemophilus Influenza B Vaccine (DtaP-Hib) for Intramuscular use)

90740 (Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use)

- Effective with dates of service on or after April 1, 2006 the modifier MS (Maintenance Service-Rent) has been added to the following codes:

E0600 (Respiratory suction pump, home model, portable or stationery)

E0180 (Pressure pad, alternating with pump)

Code Changes

- Effective with dates of service on or after September 14, 2006 the HCPCS code J0180 (Injection, agalsi-dase beta, 1mg) has been updated. The changes include:

Procedure daily limit changed from 999 to 120

Minimum Age changed from 000 to 21 years

Frequency is now 14 per day



- Effective with dates of service on or after September 14, 2006 the HCPCS code J2710 (Injection, neostigmine methysulfate, up to 0.5 mg) has been updated. The change includes:
Procedure daily limit changed from 1 to 20
- Effective with dates of service on or after January 1, 2003 the HCPCS code T2001 (Non-emergency transportation patient attendant/escort) has a coverage code changed from 03 (Covered service/use other code) to 04 (Not Covered Service/code not available).
- Effective with each codes begin date, the coverage code for the follow have been changed from 03 (Covered Service/Use Other Code) to 01 (Covered Service/Code Available).

52355 (Cystourethroscopy, With Ureteroscopy And/Or Pyeloscopy)

90384 (RHO(D) Immune Globulin (RHIG), Human, Full-Dose)

35682 (Bypass Graft; Autogenous Composite, Two Segments Of Vein)

Excluded Services

- Effective with dates of service on or after September 6, 2006 the CPT code 36818 (Arteriovenous anastomosis, open; by upper arm cephalic vein transposition) is no longer an excluded service.

Testing

The Encounter Unit needs to be notified when Plans wish to submit test files. Please direct all correspondence along with the necessary emails to Brent Ratterree at: brent.ratterree@azahcccs.gov

Rate(s)

Fee-for-service rates for Dental Services, Nursing Facilities (NF), and Home and Community Based Services effective for dates of service on or after October 1, 2006 were sent out via mail, plan packet, and e-mail earlier this month. They were posted on the AHCCCS web site on Thursday, September 21, 2006. They can be found at:

Dental Rates: <http://www.azahcccs.gov/RatesCodes/Dental/Default.asp>

Nursing Facilities: <http://www.azahcccs.gov/RatesCodes/FFS/nursing.asp#022007>

HCBS: <http://www.azahcccs.gov/RatesCodes/FFS/hcbs.asp#2007>

If you have any questions or would like to receive a rate schedule via e-mail contact Todd Schwarz at Todd.Schwarz@azahcccs.gov. Rates posted to the web site before Thursday, September 21, 2006 should be disregarded.

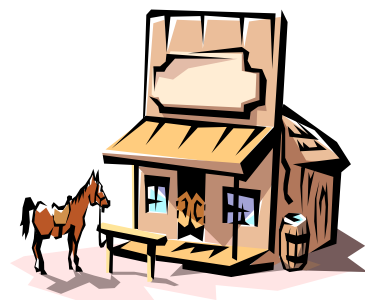
AHCCCS Encounter System Revisions

Effective 08/01/2006 the following AHCCCS System Service Request (SSR) has been promoted.

- **SSR2005 0050** - S5100, S5101 & S5102 which were pending for error code Z796, DME Supplies Service Overlap.
- **SSR2005 0285** - Encounter Edit/Audit Clean-Up to correct edits due to the Social Security Number conversion to the AHCCCS ID number.
- **SSR2005 0334** Revenue Codes 651, 652, 655, And 656 Are Allowed With Bill Types 81X and 82X.

Effective January 1, 2007 the following edits will return to a sanctionable status for aged pended encounters:

P111	No Initial Bill Found For Late Chg Bill
P114	Initial Bill Pending
R280	Medicare Coverage Indicated But Not Billed On In-Patient
R290	Medicare Coverage Indicated But Not Paid On Out-Patient
R410	Recipient Not Eligible For AHCCCS Services On Service Dates
R470	Recipient Enrolled In Fee For Service Network On Service Date
R480	Recipient Not Enrolled On Service Dates
R481	Recipient Not Enrolled On Dos - Split Bill
R500	Claim Plan Id Does Not Match Enrollment
R580	Recipient Has Other Coverage That Must Be Billed First
R600	Medicare Coverage Indicated But Not Billed
R632	Medicare Approved And Paid Not Both Present
R670	Recipient Not Enrolled With CRS For Dates Of Service
U250	I/P Or Home Hospice Bill Types Require 651, 652, 655 Or 656
U251	I/P Or Home Hospice Rev Code Require 81x Or 82x Bill Types
U260	I/P Or Home Hospice Bill Types Require 651, 652, 655 Or 656
U261	I/P Or Home Hospice Rev Code Require 81x Or 82x Bill Types



For questions regarding these edits, please contact your Encounter Technical Assistant.

Reimbursement for Administration of Vaccine

Please notify your contracted providers to continue to bill for the administration of vaccine by using the correct Vaccines for Children (VFC) code for the combination antigen, or antigen combination, accompanied by the SL modifier. Providers should be advised that billing for the administration separately for each antigen in a combination vaccine is prohibited. When a combination vaccine is administered only one administration fee should be paid.

The Center for Medicare and Medicaid (CMS) interprets the Federal Registrar Notice to say that only one administration fee can be paid for each immunization given, including combination immunizations. CMS will be ensuring that states are not reimbursing on a per antigen basis, possibly through an audit process.

